

ITED STATES PATENT AND TRADEMARK OFFICE

In	Re	the	An	nlica	ation	of:
***	1		7 7 1	D1101	auton	UI.

SRIRAM VAJAPEYAM, ET AL.

Application No.: 10/037,666

Filed: January 3, 2002

For: **DEPENDENCE-CHAIN PROCESSOR**

Art Group: 2819

Examiner:

STATUS INQUIRY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

The above-captioned application, an amendment thereto, or an Appeal Brief was filed more than 18 months ago and no substantive Office Action has issued to date. Please provide the current status of the application and an indication of when the next Action is expected to issue.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: August 16, 2004

Jonathan S. Miller, Reg. No. 48,534

12400 Wilshire Boulevard, 7th Floor Los Angeles, CA 90025 Telephone: (310) 207-3800 CERTIFICATE OF MAILING/TRANSMISSION
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA

22313-1450.

illian E. Rodriguez

08/16/04

Date

OIP AUG 1	E 20 30 100 1
VA.	

TRANSMITTAL FORM (to be used for all correspondence after initial filing) (to be used for all correspondence after initial filing) First Named Inventor Sriram Vajapeyam Art Unit 2819 Examiner Name Total Number of Pages in This Submission 5 Attorney Docket Number 42390P11927 ENCLOSURES (check all that apply) Fee Transmittal Form Drawing(s) Fee Attached Departs Appeal Communication to Board

Peet Transmittal Form	ENCLOSURES (check all that apply)									
Amendment / Response	Fee Transmittal For	m	Drawing(s)							
After Final After	Fee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences				
Affidavits/declaration(s) Affidavits/declaration(s) Provisional Application Provisional Application Provisional Application Provisional Application Provisional Application Provisional Application Application Provisional Application Status Letter Other Enclosure(s) (please identify below): Return Receipt Postcard Return Receipt Postcard CD, Number of CD(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Or Individual name BLAKELY, SOKQLOFF, TAYLOR & ZAFMAN LLP Signature Date August 16, 2004 CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodriguez Terminal Disclaimer Attorney, Revocation Charge of Correspondence Address Attorney, Revocation Charge of Correspondence Address Cother Enclosure(s) (please identify below): Return Receipt Postcard Return Return Postcard Return Receipt Postcard Return Receip	Amendment / Respo	onse	Petition							
Extension of Time Request Change of Correspondence Address Terminal Disclaimer Change of Correspondence Address Terminal Disclaimer Change of Correspondence Address Return Receipt Postcard Return Return Return Return Postcard Return		claration(s)	Petition to Co	onvert a Application		Proprietary Information				
Express Abandonment Request Information Disclosure Statement PTO/SB/08 Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts Incomplete Application Response to Missing Parts Incomplete Application Remarks SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Signature Date August 16, 2004 CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodríguez	Extension of Time R	equest	Power of Att Change of C							
Information Disclosure Statement PTO/SB/08	Express Abandonme	ent Request	Terminal Di	Other Enclosure(s) (please identify below):						
Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Remarks Remarks SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Signature Date CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodriguez	Information Disclosu	ire Statement	Request for Refund			Return Receipt Postcard				
Response to Missing Parts/ Incomplete Application Basic Filing Fee Declaration/POA Response to Missing Parts under 37 CFR SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Signature Date CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodríguez			CD, Numbe	of CD(s)						
Incomplete Application										
Declaration/POA Response to Missing Parts under 37 CFR 1.52 or 1.53	Incomplete Application	on	Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Signature Date August 16, 2004 CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodriguez		_		_						
Firm or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Signature Date CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodriguez	Response to Parts under 3 1.52 or 1.53	Missing 37 CFR								
or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP Signature Date CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodriguez	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Signature Date CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodriguez		Jonathan S. Mi	Iler, Reg. No.	48,534						
Date CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodriguez	Individual name									
CERTIFICATE OF MAILING/TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodríguez	Signature	Signature Long Phile								
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodríguez	Date Kugust 16, 2004									
postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Typed or printed name Lillian E. Rodríguez	CERTIFICATE OF MAILING/TRANSMISSION									
	I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.									
Signature Date August 16 2004	Typed or printed nam	e Lillian E. R	odríguez)							
Signature Date Magust 10, 2007	Signature	Min	E. Kolu		Date	August 16, 2004				

Based on PTO/SB/21 (04-04) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 06/09/2004. SEND TO: Commissioner for Patents, P.D. Box 1450, Alexandria, VA 22313-1450



FEE TRANSIN Complete if Known Application Number 10/037,666 Filing Date January 3, 2002 Effective 10/01/2004. Patent fees are subject to annual revision. First Named Inventor Sriram Vajapeyam Examiner Name Applicant claims small entity status. See 37 CFR 1.27. 2819 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 0.00 42390P11927 Attorney Docket No.

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)										
					Money		D	3. ADDITIONAL FEES							
_	☐ Check ☐ Credit card ☐ Money ☐ Other ☒ None				Large	Large Entity Small Entity									
Deposit Account			Fee	Fee	Fee	Fee	_								
	Deposit Account			***	02.266	.6		Code	(\$)	Code	(\$)	Fee	e Description		FeePaid
	Number					1051	130	2051	65	Surcharge - late filing					
Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP							1052	50	2052	25	Surcharge - late provis cover sheet.	sional filing lee or			
	Name	B	lakely	, Sok	oloff, Tayl	or & Zain	nan LLP	2053	130	2053	130	Non-English specificat	ion		
The	Commis	ssione	er is aut	horized (to: (check all th	at apply)		1812	2,520	1812	2,520	For filing a request for	· ·	ation	
	Charge f	fee(s) i	indicated	below	X	Credit any overp	ayments	1804	920 *	1804	920	 Requesting publication Examiner action 	n of SIR prior to		
×	Charge a	any ad	ditional fo	ee(s) or u 8 and 1.2	nderpayment of 0.	fees as required	under 37	1805	1,840 *	1805	1,840	* Requesting publication	n of SIR after		
	Charge 1	fee(s)	indicate	d below, e	except for the f	iling fee						Examiner action			
	to the ab	xove-to		deposit ac				1251	110	2251	55	Extension for reply wit			
					LCULATION	NC		1252	420	2252	210	Extension for reply within second month Extension for reply within third month			
_ 1				NG FE	E			1253	950	2253	475	Extension for reply wit			
Fe	ge Entity e F	ee	Small Fee		 Fee Description		FeePaid	1254	1,480	2254	740	Extension for reply wit			I
Co		(\$)	Code	(\$)	-	_	100100	1255 1404	2,010 330	2255 2401	1,005 165	Notice of Appeal			I
10	01	770	2001	385	Utility filing fe	e		1402	330	2402	165	Filing a brief in suppor	t of an appeal		
10		340	2002	170	Design filing t			1403	290	2403	145	Request for oral hearing			
10		530	2003	265	Plant filing fe			1451	1,510	2451	1,510	Petition to institute a p	-	ng	
10 10		770 160	2004	385 80	Reissue filing Provisional fil			1452	110	2452	55	Petition to revive - una	voidable		
10			2005					1453	1,330	2453	665	Petition to revive - unit	ntentional		
SUBTOTAL (1) (\$)				1501	1,330	2501	665	Utility issue fee (or rei	ssue)						
2	. EX	(TR/	A CLA	IM FE	ES Extra	Fee from		1502	480	2502	240	Design issue fee			
					Claims	below	FeePaid	1503	640	2503	320	Plant issue fee			
	Claims		30		= 0 >	18.00	\$0.00	1460	130	2460	130	Petitions to the Comm	issioner		
Claim	Independent 4 4 = 0 x 86.00 = \$0.00				1807	50	1807	50	Prosessing fee under 37 CFR 1.17(q)						
Multip	ole Deper	ndent					=	1806	180	1806	180	Submission of Informa	ation Disclosure St	mt	
_	e Entity	_	Small					8021	40	8021	40	Recording each paten property (times number			
Fe Co		ee \$)	Fee Code	Fee (\$)	Fee Description	on_		1809	770	1809	385	Filing a submission aft	er final rejection		
12	02 1	18	2202	9	Claims in exce	ss of 20		1003		1003	-	(37 ČFR § 1.129(a))			
12	01 8	86	2201	43	Independent cl	aims in excess o	of 3	1810	770	2810	385	For each additional invexamined (37 CFR § 1			
12	03 29	90	2203	145	Multiple Depen	dent claim, if not	paid	1801	770	2801	385	Request for Continued		<u>:</u>)	
12	04 8	86	2204	43	**Reissue indep patent	endent claims o	ver original	1802	900	1802	900	Request for expedited		-,	
12	05 1	18	2205	9	**Reissue claim	ns in excess of 2	0 and over	1002	•	1002	000	of a design application			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent								Other fe	e (specify)						
SUBTOTAL (2) (\$) 0.00							1 Dadues	d bu Basia F	iine Enn	Doid		NIDTOTAL (A)	(4)		
**or number previously paid, if greater, For Reissues, see below								L COUCE	d by Basic F	my ree	i alu		SUBTOTAL (3)	(\$)	<u></u>
_ 5	UBM	ITTE	D BY										Comp	lete (if applica	ble)
Name (Print/Type) Jonathan S. Miller						(A	egistratio ttorney/Age			48,534	Telephone	(310) 20	7-3800		
Signature Jonas Blulle					ζ					Date	08/16	5/04			